

Date: July 10, 1998

To: Community Based Residential Facilities

DSL-BQA-98-032
CBRF 13
(Supersedes DCS-90-14)

From: Judy Fryback, Director
Bureau of Quality Assurance

Communicable Disease Screening in CBRFs

The purpose of this memo is to clarify requirements contained in ch. HFS 83, Wisconsin Administrative Code for Community-Based Residential Facilities (CBRFs), as they relate to communicable disease screening for residents and employees. This memo identifies federal laws concerning communicable disease control, and current recommended protocols for testing and screening for tuberculosis. This memo replaces DCS-90-14, dated March 28, 1990, regarding HSS 3.13(5) – communicable disease control for employees of CBRFs.

The CBRF requirement in s. HFS 83.14(4)(a) states, “There shall be documentation by a physician or a licensed registered nurse indicating that a prospective employee has been screened for illness detrimental to residents, including tuberculosis. The documentation shall be completed within 90 days before the start of employment. The documentation shall be kept confidential except that the department shall have access to the documentation for verification.”

Each CBRF is required under s. HFS 83.33(2)(g)1.a. to ensure that each person being admitted to the CBRF receives a health examination to identify health problems and to screen for communicable diseases. A signed report is required from a licensed physician, physician’s assistant, clinical nurse practitioner or a registered professional nurse. Section HFS 83.33(2)(g)1.b. states, “The screening for communicable disease shall include a tuberculin skin test using the Mantoux 5TU PPD test and a visual screening for other clinically apparent communicable diseases.”

The Americans with Disabilities Act and the Rehabilitation Act of 1973, prohibits the denial of an admission of a resident to a licensed service provider and the termination or non-hiring of an employee based solely on the general category of communicable diseases. A statement that a person is, “free of communicable disease,” is not required under Chapter HFS 83. The facility must review the case-specific circumstances of a clinically apparent communicable disease to determine if an accommodation can be made through effective infection control measures. The facility has a responsibility to protect resident and employee health, safety and welfare through an established infection control program using the precautions required by the U.S. Occupational Safety and Health Administration (OSHA) standards, and most recently published recommendations from the Centers for Disease Control and Prevention (CDC).

Community-based residential facilities should screen current and prospective staff and residents for tuberculosis (TB). The CDC has identified that residents and staff living and working with certain population groups in confined settings are at greater risk of contracting tuberculosis than the general public. These high risk groups include the elderly, developmentally disabled,

corrections clients, and persons with a history of alcohol and other drug abuse. The Federal Occupational Safety and Health Administration (OSHA) suggests that all facilities establish a program to screen staff and residents for TB.

Currently, Mantoux testing is the best method for TB screening. The two-step Mantoux is a standard approach that reveals if there may have been a recent infection or a "boosted" reaction as a result of the first TB test. This happens with some of the elderly who were infected long ago but now their immune system is too weak to respond. If persons have been tested regularly, a one-step Mantoux is all that is needed. If a person has a known, documented positive reaction to Mantoux testing, then testing them would not be recommended. In these situations, a chest x-ray is done to rule out the presence of the active disease. Since a chest x-ray is not a 100% proven indicator for tuberculosis, the health care provider should assess the individual's potential for TB based upon the individual's history and potential for exposure to TB.

The Division of Supportive Living (DSL) recommends that facilities develop protocols for communicable disease control and TB screening based on the community profile available through their local public health department and the risk factors for the residents and employees of the facility. The enclosed diagrams illustrate the recommended steps to be taken to screen residents and staff. The local public health department is your best resource for current information concerning communicable disease. You may also contact your regional office with questions and concerns.

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